ARIZONA DIVISION OF EMERGENCY MANAGEMENT **RECOVERY SECTION - INDIVIDUAL ASSISTANCE**

| PROPERTY REPORT | | | | | | | |
|--|----------------|--|------------------------------|--|----------|------------|--|
| THIS FORM IS TO BE USED DURING DOOR-TO-DOOR PDAS ONLY | | | | | | | |
| 1. OCCUPANT NAME | | | 2. Property Address | | | 3. COUNTY | |
| | | | | | | | |
| 4. Telephone Number | | | 5. Type of Pr | ROPERTY 6. OWNERSHIP | | OWNERSHIP | |
| Home | Work Cell | | ☐ Single Family | | O\ | | |
| | | | ☐ Multi-Family (us | rually Ante) | <u> </u> | | |
| | | | | Lease | | | |
| Deat Parete all | | | Business | (husiness only | | | |
| Best time to call | | | | Check here if residence is a cation home—not a primary | | J , | |
| Best number to use | | | residence | A a primary | | | |
| 7. CONSTRUCTION TYPE | | | | | | | |
| Masonry Wood Frame Mobile Home Manufactured Other | | | | | | | |
| 8. TYPE OF INSURANCE | | | | | | | |
| ☐ Homeowner ☐ Rental ☐ Flood (Structure) ☐ Flood (Contents) ☐ Business ☐ None | | | | | | | |
| 9. DAMAGES (Check all that apply) | | | | | | | |
| HVAC Yes No Water Heater Yes No Electricity On Off Natural Gas On Off | | | | | | | |
| Roof Intact: Yes No Foundation Yes No Windows Yes No Sewer OK Not OK | | | | | | | |
| Major Appliances: Yes No Frame/Structure Yes No Furnace Yes No | | | | | | | |
| 10. SOURCE OF DAMAGES | | | | | | | |
| ☐ Fire ☐ Smoke ☐ Flood Water ☐ Mud/Muck ☐ Wind/Rain ☐ Tornado ☐ Earthquake ☐ Other | | | | | | | |
| 11. Based on the damages reported, the property is currently Habitable Uninhabitable | | | | | | | |
| 12. ESTIMATE OF DAMAGES | | | | | | | |
| AFFECTED | Affected Minor | | MAJOR DESTRO | | ESTRO | OYED | |
| DESCRIBE: | | | | | | | |
| 13. COMMENTS | | | | | | | |
| | | | | | | | |
| 14. ADEM PDA FIELD REPRESENTATIVE | | | 15. DATE & TIME REPORT TAKEN | | | | |
| TO. DATE OF TAKEN | | | | | | | |
| | | | | | | | |